

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713586

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** CRYSTAL LAKE 4061 ASSOCIATION, INC., (A CONDOMINIUM ASSOCIATION)

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD  
SUITE 18  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD  
SUITE #18  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 59-1234028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, ERNEST W  
500 NE SPANISH RIVER BLVD.  
SUITE #18  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JUHASZ, ATTILA  
Address: 5137 NW 49TH AVE  
City-St-Zip: POMPANO BEACH, FL 33073

Title: VD ( ) Delete  
Name: CHAPMAN, JAMES M  
Address: 4061 NW 9 AVE #202  
City-St-Zip: DEERFIELD BCH, FL 33064

Title: D ( ) Delete  
Name: MCENTEE, TOM  
Address: 4061 NW 9 AVE #103  
City-St-Zip: DEERFIELD BCH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATTILA JUHASZ

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date